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| SERIAL NUMBER 10/757,703 | FILING OR 371(c) DATE 01/15/2004 RULE | CLASS 600 | GROUP ART UNIT 3709 | ATTORNEY DOCKET NO. 91301 | |
| APPLICANTS Francois Lacoste, Paris, FRANCE; Antoine Tetard, Lyon, FRANCE; Christian Chaussy, Strasslach, FRANCE; Jean-Yves Chapelon, Villeurbanne, FRANCE; | | | | | |
| ** CONTINUING DATA ***** <i>None - Ikk</i> | | | | | |
| ** FOREIGN APPLICATIONS ***** FRANCE 03 00 348 01/14/2003 <i>Ikk</i> | | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 04/20/2004 | | | | | |
| Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>Ikk</i> Examiner's Signature Initials | | STATE OR COUNTRY FRANCE | SHEETS DRAWING 15 | TOTAL CLAIMS 23 | INDEPENDENT CLAIMS 4 |
| ADDRESS 24628 | | | | | |
| TITLE Therapy probe | | | | | |
| FILING FEE RECEIVED 1040 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | | |